

**DYSPNEA /FATIGUE**

Since your prior evaluation (last week, last month), do you feel your shortness of breath or fatigue is:

- Better  
 Same  
 Worse

Do you have worsening shortness of breath with activity or at rest?

- No  
 Yes – explain:

Do you have a dry, hacking cough?

- No  
 Yes – explain:

**ORTHOPNEA**

Do you have to sleep with head raised at night?

- No  
 Yes

Can you lie flat?

- No  
 Yes

Are you sleeping on a recliner or sofa or electric bed?

- No  
 Yes

**P N D - Paroxysmal Nocturnal Dyspnea**

Are you waking up in the middle of the night due to shortness of breath?

- No  
 Yes

Do you have trouble sleeping?

- No  
 Yes – explain:

**SWELLING/FLUID RETENTION**

Do you have increased swelling of your legs, feet or ankles?

- No  
 Yes – where:

Do you have discomfort or swelling in the abdomen?

- No  
 Yes

**PALPITATIONS OR SYNCOPE**

Have you had any palpitations or passing out episodes since last evaluation?

Do you have any signs of chest pain?

**LIGHTHEADEDNESS**

Do you have any new or worsening dizziness, confusion, sadness or depression?

**MEDICATIONS**

Have you missed any of your Heart Failure medications in the past week?

-

**APPETITE/DIETARY RECALL**

Have you had poor appetite or nausea since last evaluation?

-

What did you have for Breakfast yesterday?

-

What did you have for Lunch yesterday?

-

What did you have for Dinner yesterday?

-

**Appendix 1. Remote Patient Monitoring - Home Telehealth Registered Nurse Heart Failure Template Questions.**